## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

FILING DATE

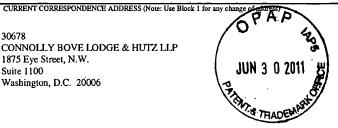
03/13/2007

**Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

30678 CONNOLLY BOVE LODGE & HUTZ LLP 1875 Eye Street, N.W. Suite 1100 Washington, D.C. 20006



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile

TRADEMAKA!	transmitted to the USP1O (571) 273-2883, on the date indicated below.					
		(Depositor's name)				
		(Signature)				
		(Date)				
FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.				
Louise Edwards	15652-14300-US	2415				

TITLE OF INVENTION:

APPLICATION NO.

10/588,702

ADDITIONAL HETEROPOLYCYCLIC COMPOUNDS AND THEIR USE AS METABOTROPIC GLUTAMATE RECEPTOR ANTAGONISTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
Non-Provisional	no	\$0	\$0	\$1510.00	\$0	07/05/2011		
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS					
G. M. Shameem 1622		514-340000						
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.      Use of a Customer Number is required.		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of		Connolly Bove Lodge & Hutz LLP  Connolly Bove Lodge & Hutz LLP				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
AstraZeneca AB Södertälje, Sweden  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government								
4a. The following f	ee(s) are enclosed:	-	4b. Payment	of Fee(s):				
Issue Fee			A check in the	amount of the fee(s) is enclose	d.			
Publication	Fee (No small entity di	scount permitted)	Payment by cre	Payment by credit card. Form PTO-2038 is attached.				
Advance On	rder -# of Copies		X The Director is Deposit Account	hereby authorized by charge to nt Number 03-2775	he required fee(s), or credi	t any overpayment, to		
5. Change in Entity Status (from status indicated above)								
a. Applicant	t claims SMALL ENTT	ΓY status. See 37 (	CFR 1.27. b. App	olicant is no longer claiming S	MALL ENTITY status. Se	ee 37 CFR 1.27(g)(2).		
NOTE: The Issue Fee	SPTO is requested to appl and Publication Fee (if r ne records of the United S	required) will not be	e accepted from anyone oth	to re-apply any previously paid er than the applicant a justing	Alau <b>initatali</b> see <b>000000</b>	dentilika jaka assign <del>er of affe</del> r gartypn —1511-1931 ypn		
Authorized Sign	nature	=		91 FC:10 Da		2011		
Typed or printe	d name	Seja	l R. Gosalia	Reg	sistration No.	66,611		

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